Clear Form

Oklahoma Municipal Retirement Fund

PARTICIPANT INFORMATION AND CHANGE FORM

PERSONAL INFORMATION (please print clearly using blue or black ink)

NAME OF PLAN: _____

PARTICIPANT NAME: _____ GENDER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

CELL PHONE: _____ HOME PHONE: _____

MAILING ADDRESS: _____
Number and Street City, State and Zip Code

NAME CHANGE INFORMATION (please print clearly using blue or black ink)

NEW NAME: _____

PREVIOUS NAME: _____

PEASE NOTE: DOCUMENTATION SUPPORTING NAME CHANGE (E.G.MARRIAGE LICENSE, SOCIAL SECURITY CARD, ETC.) MUST BE PROVIDED

EMPLOYMENT STATUS CHANGE INFORMATION (please check appropriate box)

☐	Active - Full Time Employment		Start Date: ____/____/____
☐	Active - Part Time Employment		Start Date: ____/____/____
☐	Leave of Absence	Start Date: ____/____/____	Return Date: ____/____/____
☐	Workman's Compensation	Start Date: ____/____/____	Return Date: ____/____/____
☐	Military Leave	Start Date: ____/____/____	Return Date: ____/____/____
☐	Termination		Date: ____/____/____
☐	Disability *(Please forward documentation once approved by your governing body in accordance with plan)*		Date: ____/____/____
☐	Death of Participant (*Please provide a copy of participants death certificate or obituary)*		Date: ____/____/____
☐	Ineligible- Part time status		Date: ____/____/____
☐	Ineligible- Police Pension		Date: ____/____/____
☐	Ineligible- Fire Pension		Date: ____/____/____

AUTHORIZATION

Signature of Authorized Agent: _____ Date: ____/____/____

Please submit your authorized change to:

VIA FAX:
Oklahoma Municipal Retirement Fund 1-405-606-7879

VIA MAIL/OVERNIGHT DELIVERY:
Oklahoma Municipal Retirement Fund 1001 NW 63rd, Suite 260
Oklahoma City, OK 73116

VIA SECURE FILE UPLOAD:
login at www.okmrf.org/okmrf-pas-login/
select 'File uploads' from top menu

The Oklahoma Municipal Retirement Fund can be contacted at 1-888-394-6673 for notification of this change.